Joint Budget Committee Hearing: Executive Director's Office

December 14, 2016

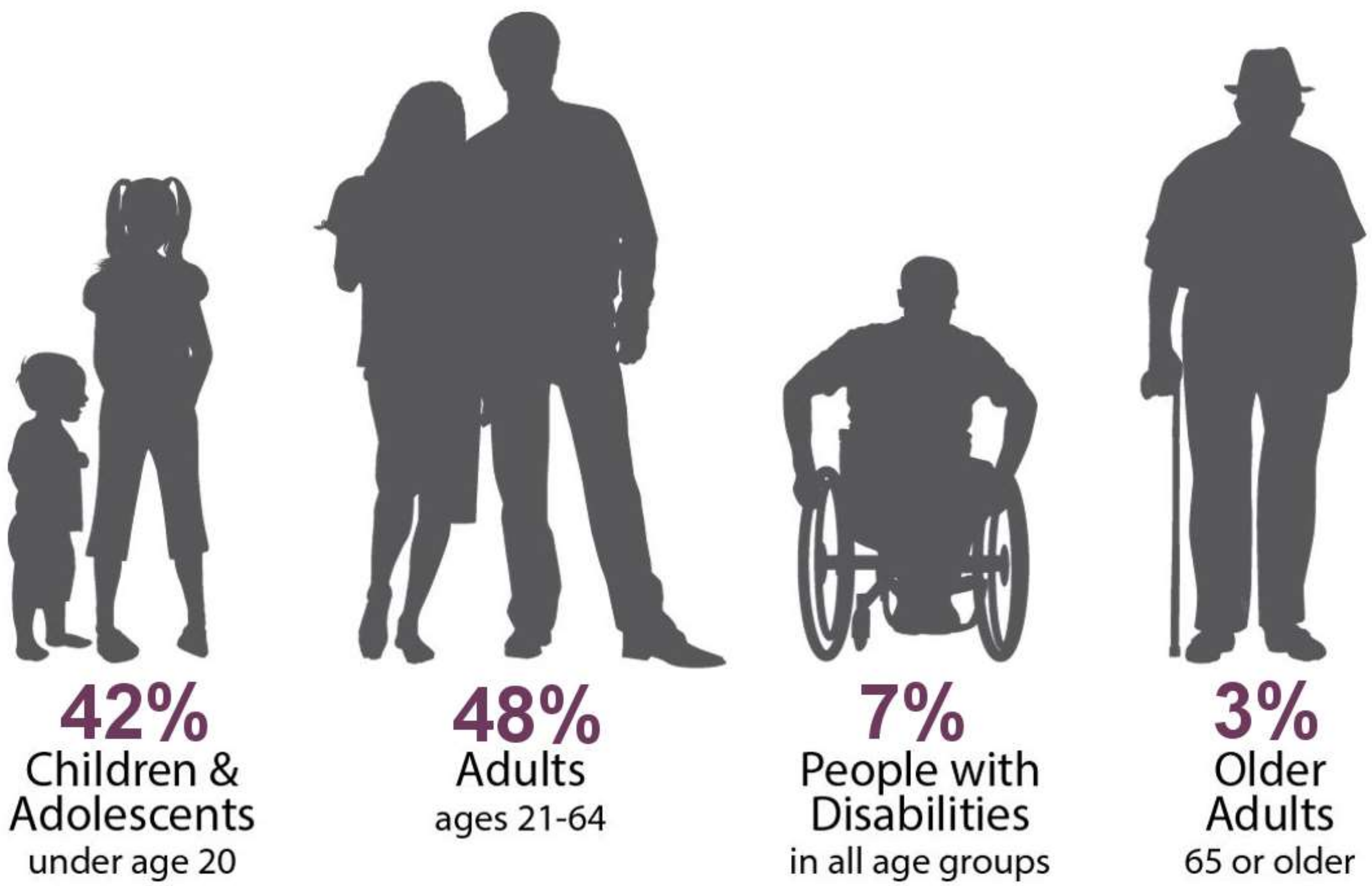
Susan E. Birch, MBA, BSN, RN Executive Director

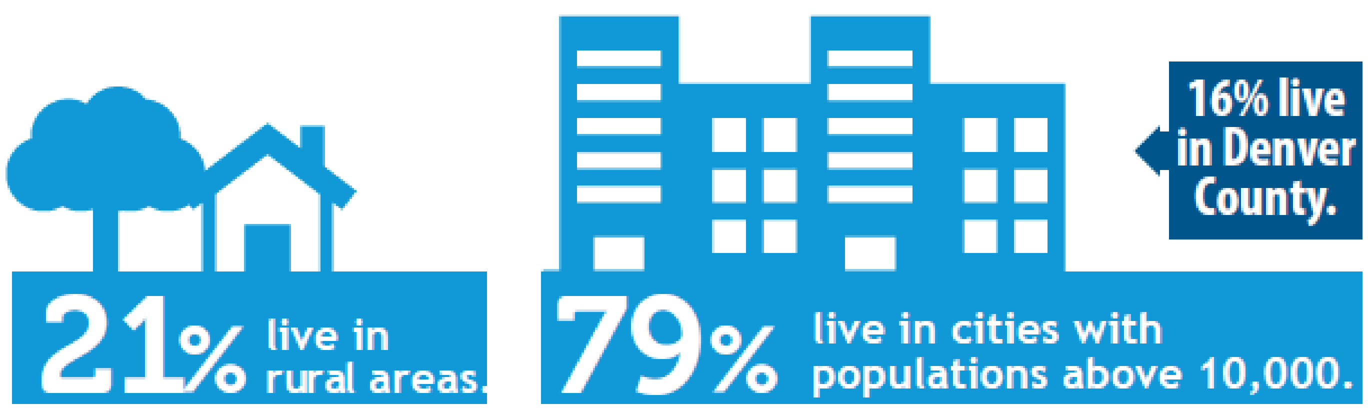
Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Who We Serve

Fiscal Year 2015-16 Health First Colorado Caseload

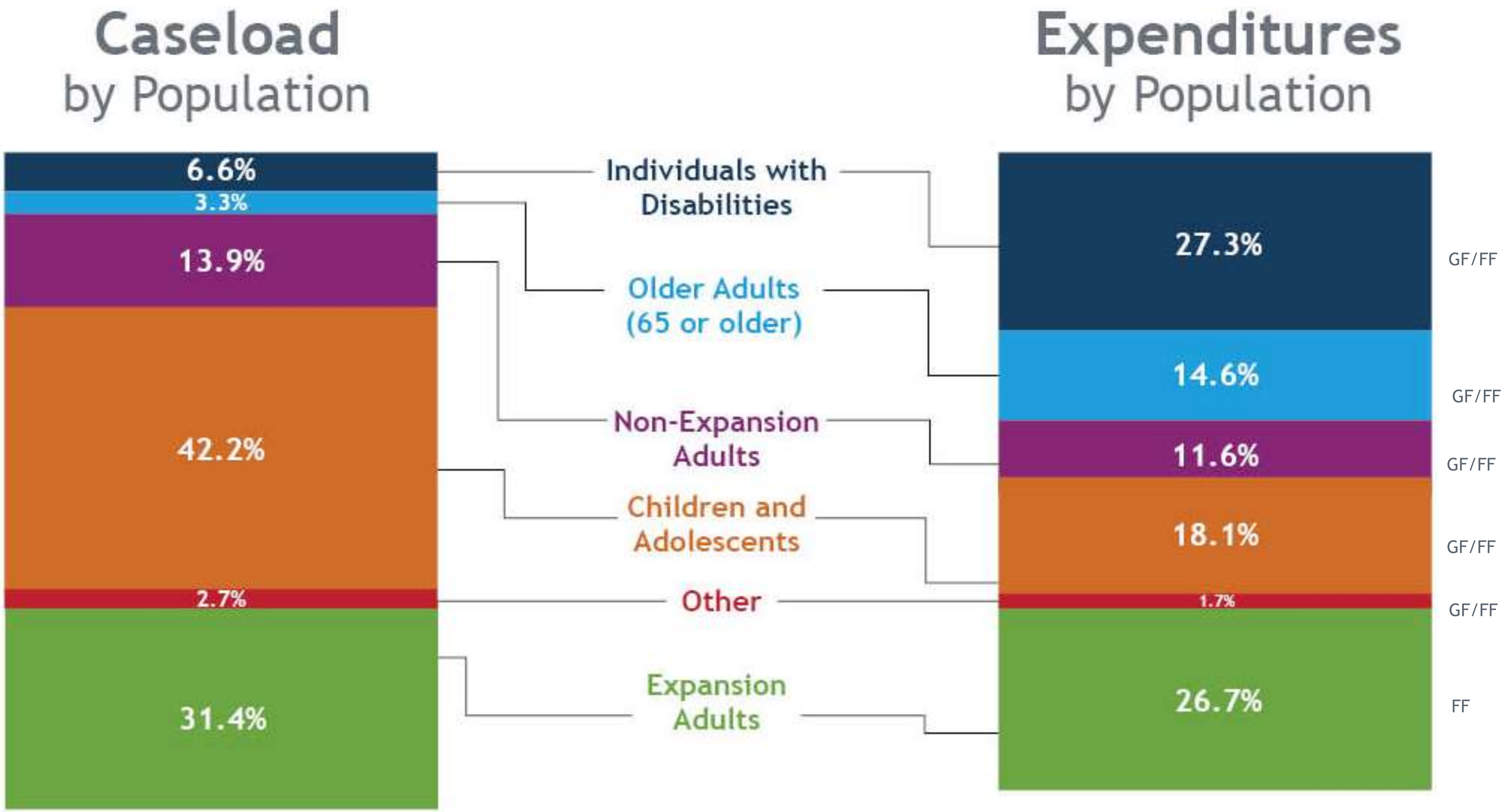




75% of Medicaid adults work

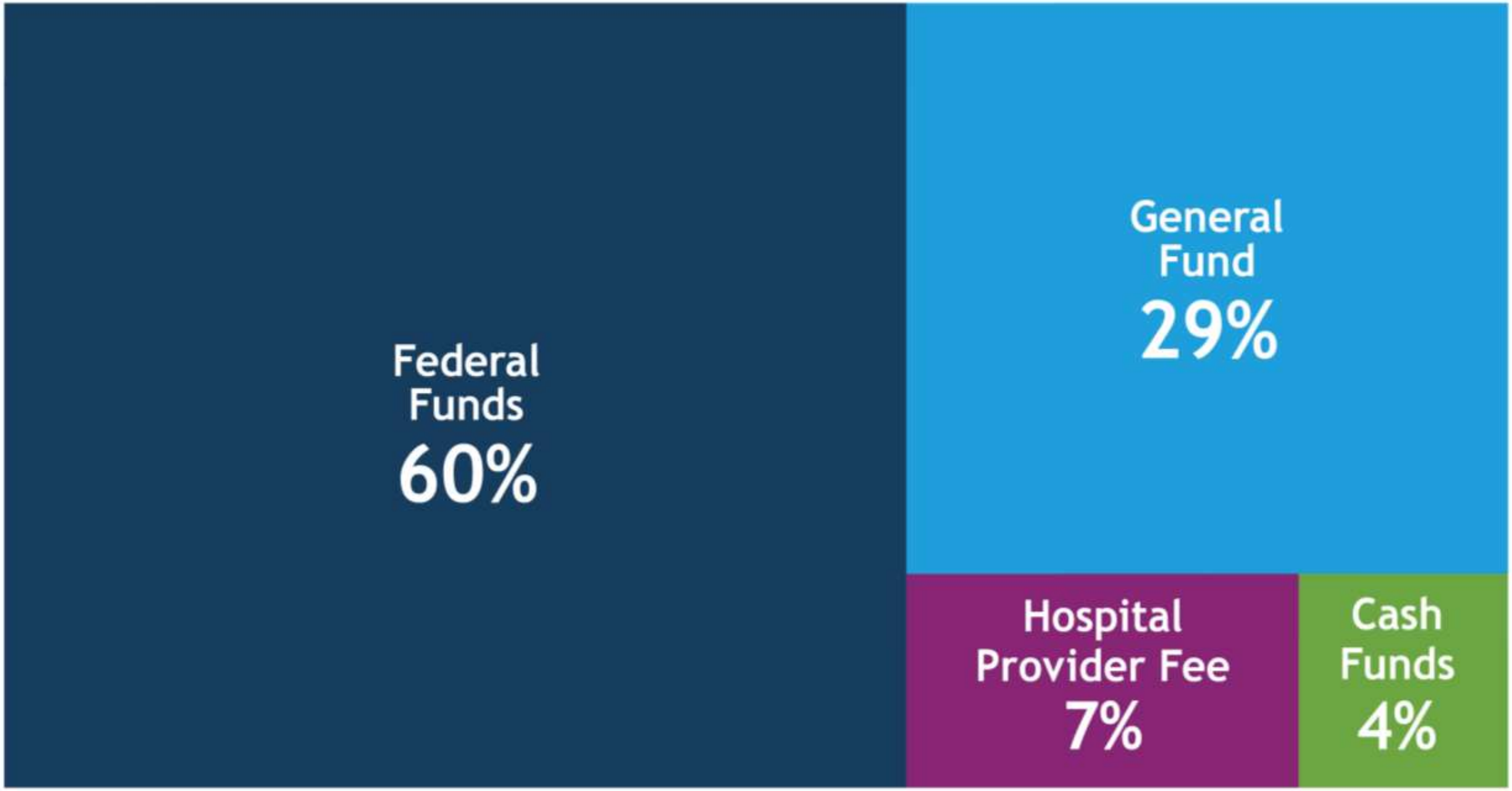
Federal Poverty Levels by Family Size		
	Family of 1	Family of 4
133%	$15,654	$32,252
260% (CHP+)	NA	$60,625
*Some earning more may still qualify.		

Our Members



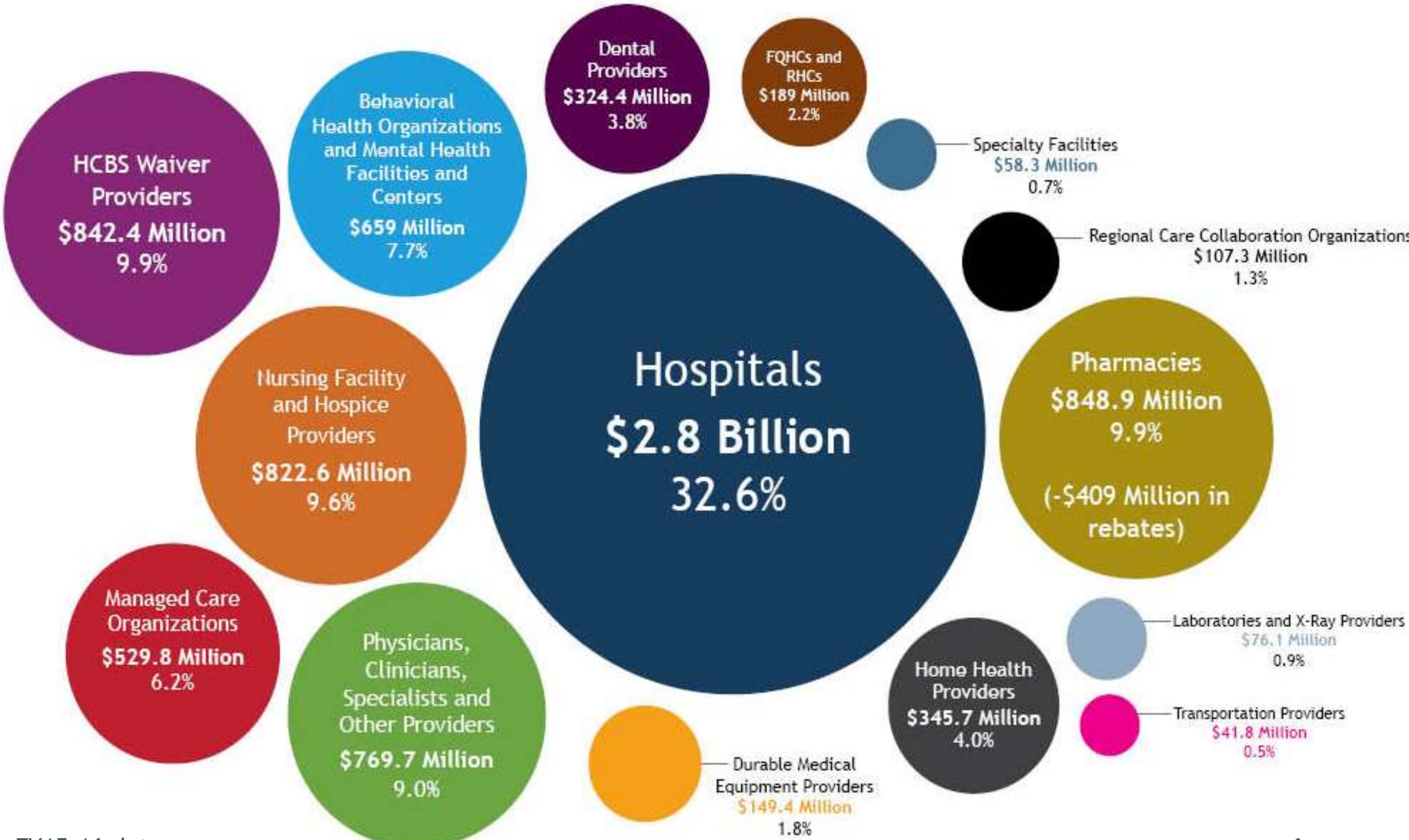
FY15-16 Data

Medicaid's Funding Sources



FY15-16 Data

Who Gets Payments for Services



FY15-16 data

Improving Health & Well-being

Planning for Potential Changes to Federal Policy Questions 1-5

ACA Expansion: Individuals Receiving Critical Services & Care

20,559 mammograms performed	**12,423** cancer treated	**6,038** seizures treated
103,734 behavioral health management medications received	**30,218** diabetes treated	**134,217** dental services received

Data from MMIS October 30, 2015-September 30, 2016.

Accountable Care Collaborative – Delivery System and Payment Reforms Questions 6-21

Accountable Care Collaborative: Independent Evaluation Results

Providers View Program Positively and Support its Direction

Members View Program Positively

Cost Savings

Maintaining Quality

Findings from independent evaluations by the Colorado School of Public Health and TriWest.

Accountable Care Collaborative Phase II Key Concepts

To improve health and life outcomes for Members

To use state resources wisely

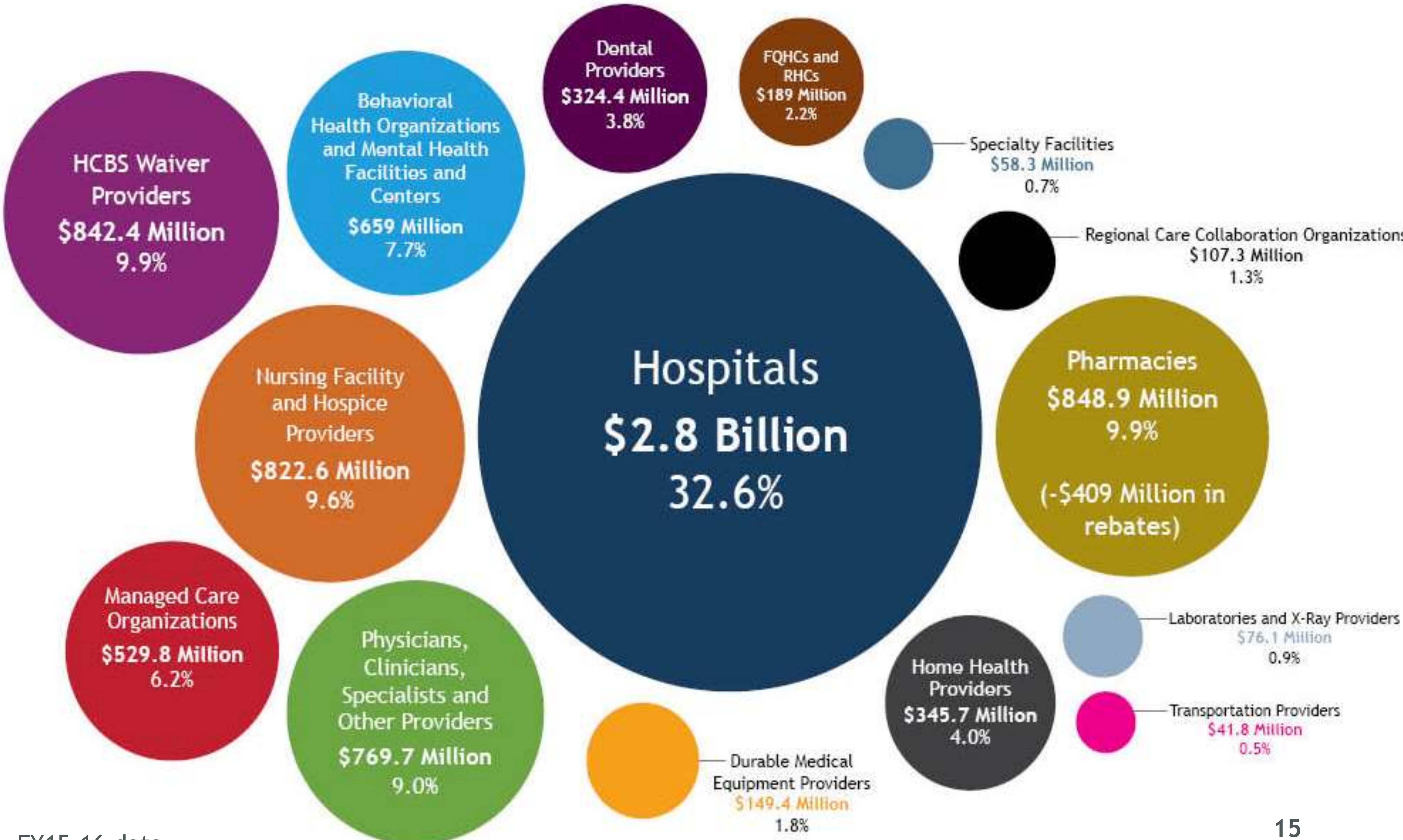
- Single regional administrative entity for physical health care and behavioral health services
- Strengthen coordination of services by advancing health neighborhood
- Population health management approach
- Payment for integrated care and value
- Greater accountability and transparency

12/14/2016

Hepatitis C & CHIPRA Bonus Questions 22-27

Hospital Payments & Private Insurance Costs Questions 28-35

Who Gets Payments for Services



FY15-16 data

What's happening in Colorado's market?

Payment to Cost Ratio		
Payer Type	2009	2015
Overall	***1.05***	***1.08***
Medicare	0.78	0.72
Medicaid	**0.54**	**0.75**
Insurance	**1.55**	**1.58**
CICP/Self Pay/ Other	0.52	1.11

Data is from the Colorado Hospital Association
CICP is the Colorado Indigent Care Program

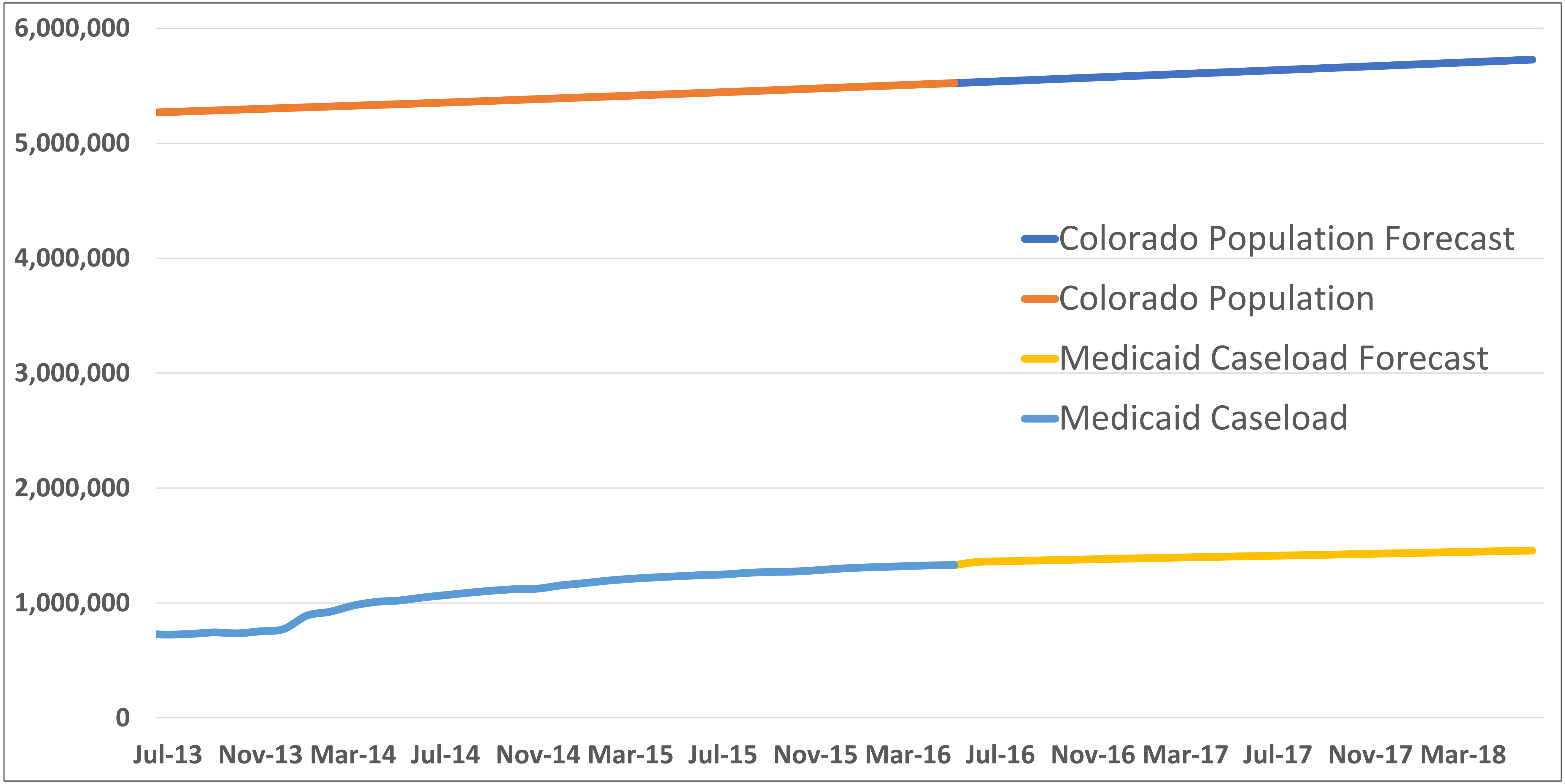
Impact of $195 million hospital provider fee limit

Payment to Cost Ratio by Payer Group			
Payer Group	CY 2015 Actuals	Scenario 1: Estimate if Hospitals Fully Cost Shifted to Private Insurance	Scenario 2: Estimate if Hospitals Fully Absorbed the HPF Limit
Medicare	0.72	0.72	0.72
Medicaid	0.75	0.67	0.67
Insurance	1.58	1.62	1.58
CICP/Self Pay/ Other	1.11	1.11	1.11
Overall	1.08	1.08	1.07
The Payment to Cost ratio can be interpreted as a percentage. For example, the overall payment to cost ratio of 1.08 in CY 2015 means that payments exceeded costs by 8%.			

CICP is the Colorado Indigent Care Program

Forecast Trends Questions 36-44

Medicaid Caseload & Colorado Population Growth



Provider Rates Questions 45-51

Medicaid Rate Review Process (SB 15-228)

More than 16,000 codes reviewed every 5 years + 24-person advisory committee + 2 reports produced annually = Legislative Decision

5 year cycle starts again.

Program of All-Inclusive Care for the Elderly (PACE) Questions 52-55

Miscellaneous Questions 56-58

Thank You